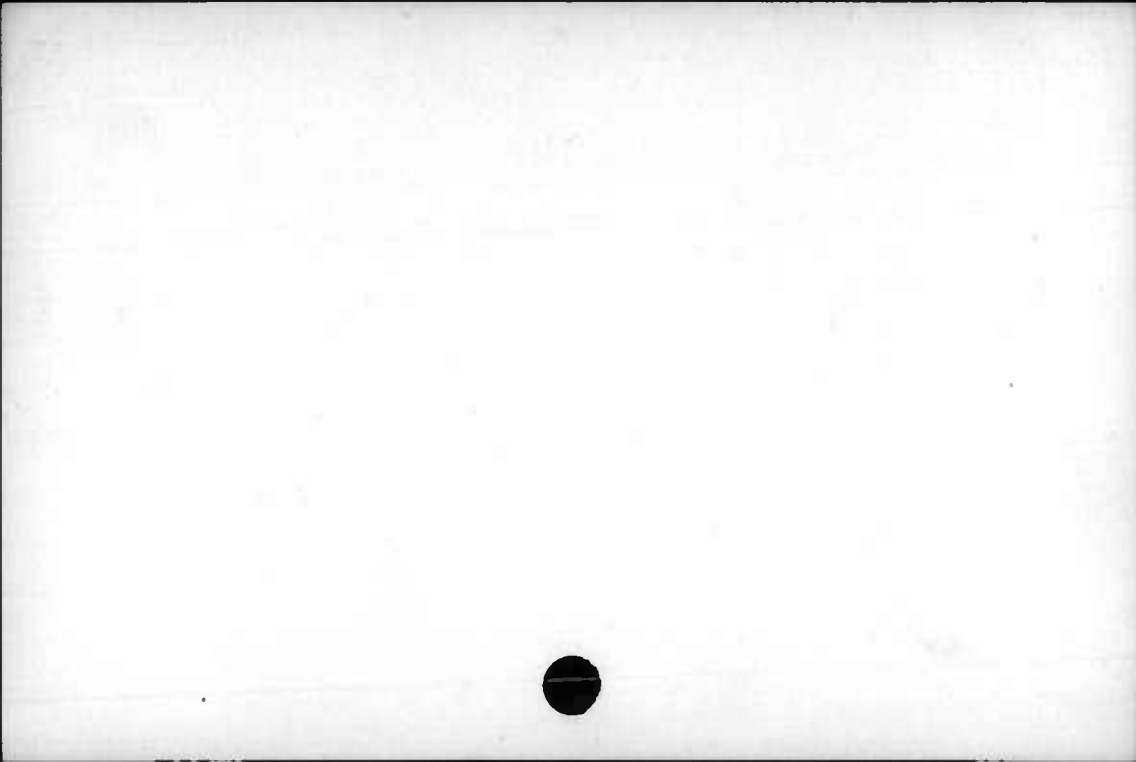


Name in Full <b>Mary E. Adams</b>		CERTIFICATE OF DEATH	
Died at <b>Preston</b> <small>Town</small>		<b>Caroline</b> <small>County</small>	
Date of death <b>1908 Feb 11</b> <small>Month Day</small>		<b>23</b> <small>Years</small>	
Sex <b>Female</b>		Color or Race <b>Black</b>	
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>—</b>	
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>George C Adams</b>	
Father's Name <b>Marion Hornum</b>		Father's Birthplace <b>Maryland</b>	
Mother's Maiden Name <b>Mary L. Washington</b>		Mother's Birthplace <b>Maryland</b>	
Name of person giving information <b>George C Adams</b>		How related to deceased <b>Husband</b>	
CAUSES OF DEATH			
Primary <b>Pulmonary Tuberculosis</b>		How long <b>4 mo.</b>	
Immediate <b>Heart Failure</b>		How long <b>3 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. L. Hobbs</b>	
		Address <b>Preston Md.</b>	
Accident or Suicide?			



Name  
in  
Full

Anne Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

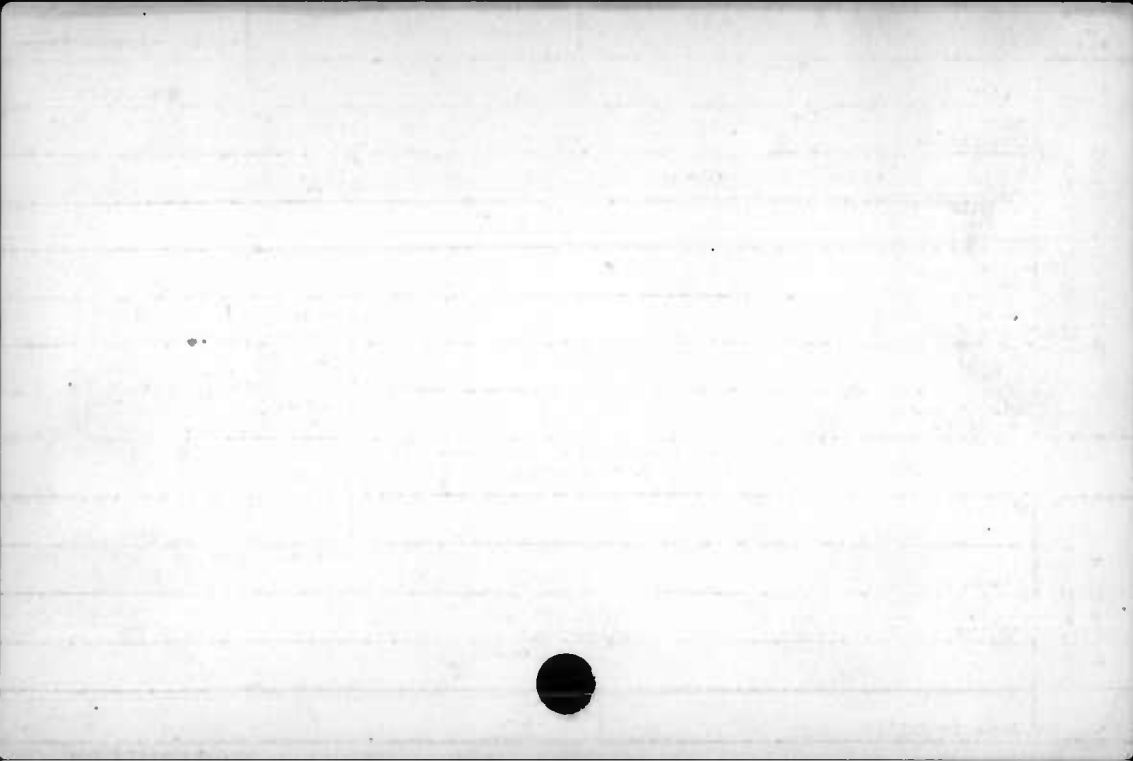
Died at <u>Ridgely</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>February</u>	Day <u>Twenty third</u>	Age <u>Twenty six</u> Years	Months <u>Seven</u> Days <u>Five</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Greenwood Dela</u>		
Occupation <u>House keeper</u>			Where Residing If not at place of death _____		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>James Wesley Baker</u>			
Father's Name <u>Wm Harper Layton</u>			Father's Birthplace <u>Wicomico Co. Md</u>		
Mother's Maiden Name <u>Levina Jane Jones</u>			Mother's Birthplace <u>Kent Co. Dela</u>		
Name of person giving information <u>W. H. Layton</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary	<u>E. convulsions</u>	How long	<u>one day</u>
Immediate	<u>Heart Failure</u>	How long	<u>two days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. H. Dickerson</u>	
<u>Cover</u>		Address <u>Ridgely, Md</u>	
Accident or Suicide? _____			



Name  
in  
Full

Aunie Montague Brickling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

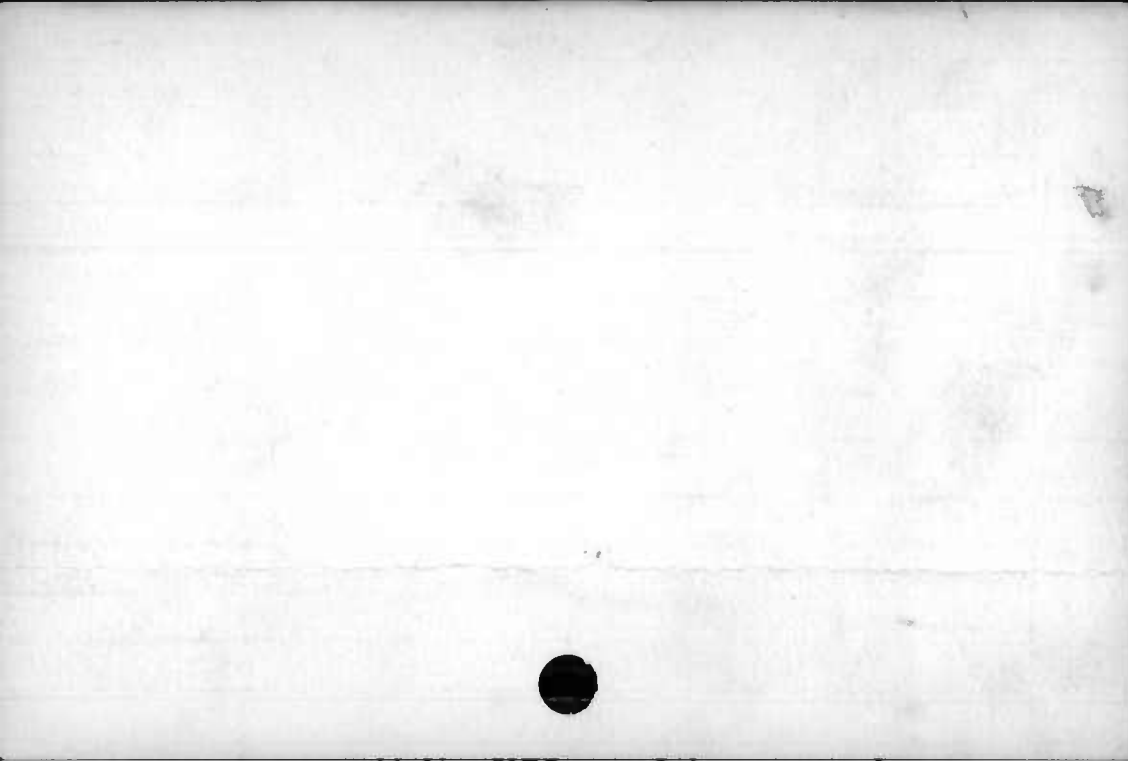
Died at <i>near Henderson</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup>	<i>Feb</i> <sup>Day</sup>	<i>15</i> <sup>Years</sup>	<i>32</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Maryland</i>				
Occupation	<i>House-wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Thos Brickling</i>		
Father's Name	<i>Charles Montague</i>			Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Katherine Montague Jones</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Aunie Brickling</i>			How related to deceased	<i>Daughter-in-law</i>

## CAUSES OF DEATH

136

PHYSICIAN  
OR CORONER

Primary	<i>Placenta Previa</i>	How long	
Immediate	<i>Thrombus</i>	How long	<i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yrs</i>	Signature of Physician	<i>Theron M. H. [Signature]</i>
		Address	<i>Woodsboro Md</i>
Accident or Suicide?			



Name  
in  
Full

Chas. S. Carmine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

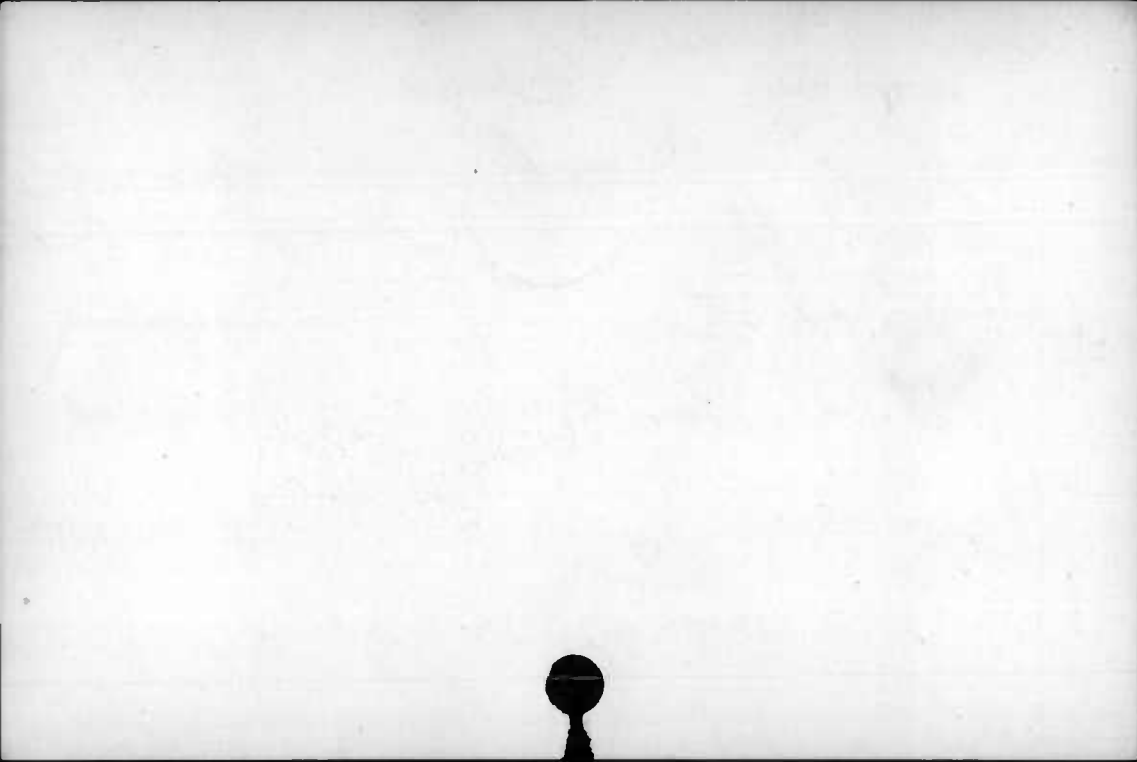
Died at <i>in Preston</i>		Town <i>Preston</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>2</i>	Day <i>11</i>	Age <i>77</i>	Years <i>1</i>	Months <i>5</i>	Days
Sex <i>M.</i>		Color or Race <i>W</i>		Birth-place <i>Ms</i>			
Occupation <i>Sailor - former</i>		Where Residing if not at place of death <i>in Preston</i>					
Married, Single or Widowed <i>M.</i>		Name of Wife or Husband <i>Mary Fitzgerald</i>					
Father's Name <i>Carmine</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Haddell</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mrs Mary Carmine</i>		How related to deceased					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>—</i>
Immediate <i>?</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Raymond Dawne</i>
	Address <i>Preston Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marydel</i> <sup>Town</sup>		County <i>Caroline</i>		MARYLAND		
Date of death <i>1908</i>		Month <i>2</i>	Day <i>1</i>	Years <i>34</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Marydel Md.</i>					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Robert Daniel</i>					
Father's Name <i>Joseph Lewis</i>	Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary F. Lewis</i>	Mother's Birthplace <i>"</i>					
Name of person giving information <i>Husband Robert Daniel</i>	How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

How long

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

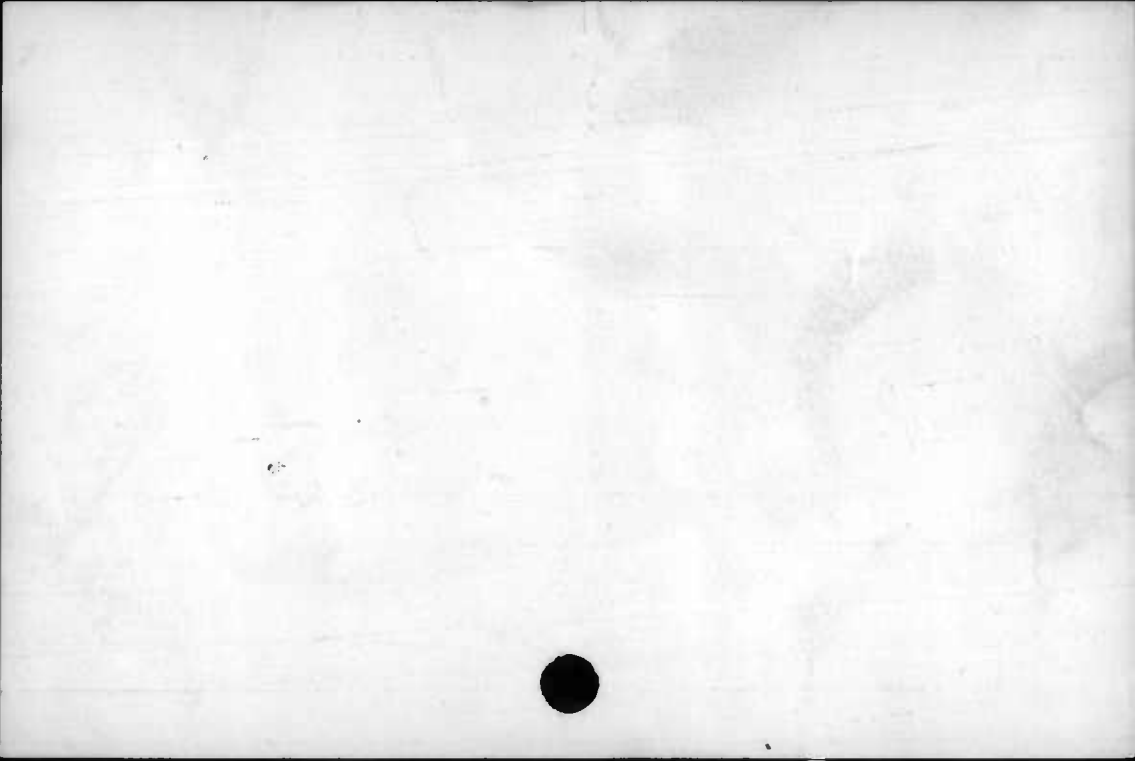
Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Ridgely</u> Town		<u>Caroline</u> County		MARYLAND
	Date of death	<u>1908</u>	Month <u>February</u>	Day <u>Sunday</u>	Age <u>one</u> Years
	Sex <u>Male</u>		Color or Race <u>White</u>	Months <u>Seven</u>	Days <u>one</u>
	Occupation <u>—</u>		Where Residing if not at place of death <u>Home</u>		
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>		
	Father's Name <u>Elias B. Freych</u>		Father's Birthplace <u>Milford, Del.</u>		
	Mother's Maiden Name <u>Mollie Whittby</u>		Mother's Birthplace <u>Maryland</u>		
	Name of person giving information <u>Elias B. French</u>		How related to deceased <u>Father</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Bad cold + walking</u>		How long <u>one week</u>		
	Immediate <u>Pneumonia</u>		How long <u>one day</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. M. Dickerson</u>		
			Address <u>Ridgely, Md.</u>		
	Accident or Suicide? <u>—</u>				



Name  
in  
Full

J. W. Gaster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Chaplantown*County *Caroline*Date of death 1908 *Feb*Day *4*Age *58*

Months

Days

Sex *Male*Color or Race *W*Birth-place *MD*Occupation *Sailor - Stevedore*Where Residing if not at place of death *Chaplantown*Married, Single or Widowed *M.*Name of Wife or Husband *Rose*Father's Name *Wm. H. Gaster*Father's Birthplace *MD*Mother's Maiden Name *Hale*Mother's Birthplace *MD*

Name of person giving information

How related to deceased *—*

## CAUSES OF DEATH

79

Primary *Dilatation of Heart*  
*Failure*How long *?*

Immediate

How long *2*

Are the name, age, sex, color, date and place correctly given above?

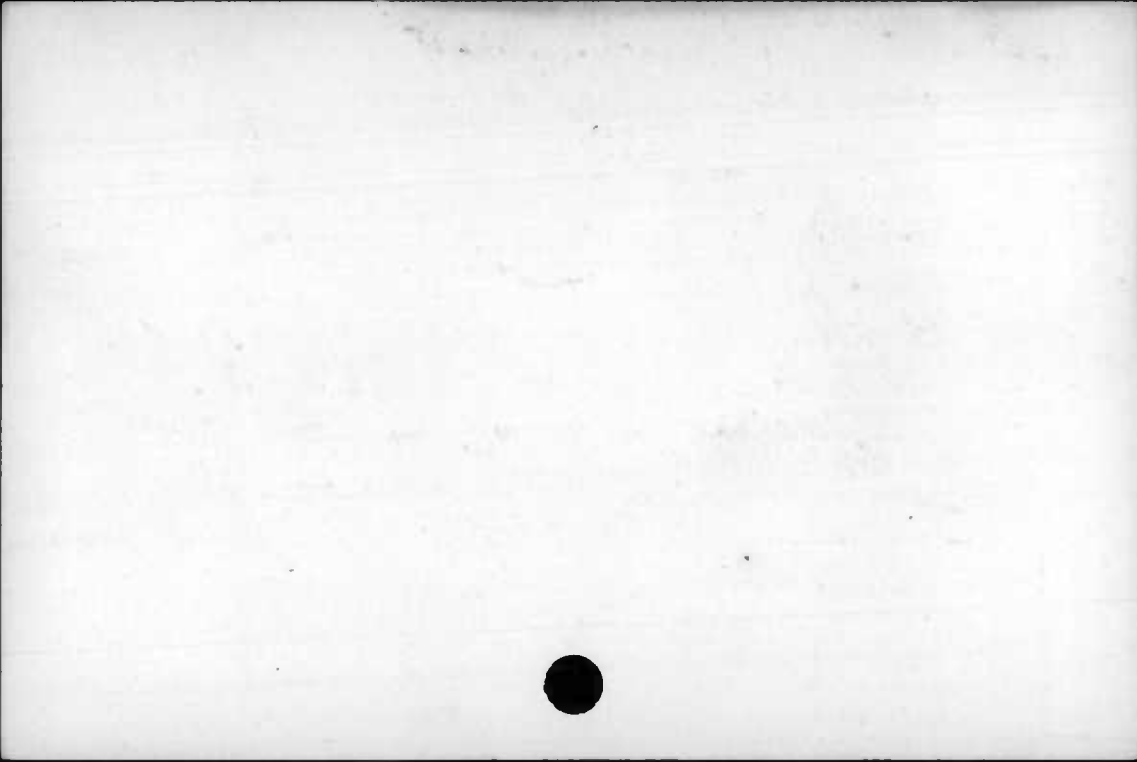
Signature of Physician

*J. Raymond Moore*  
*Preston*

Address

Accident or Suicide?

*None*PHYSICIAN  
OR CORONER



Name  
in  
Full

Bessie A. Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

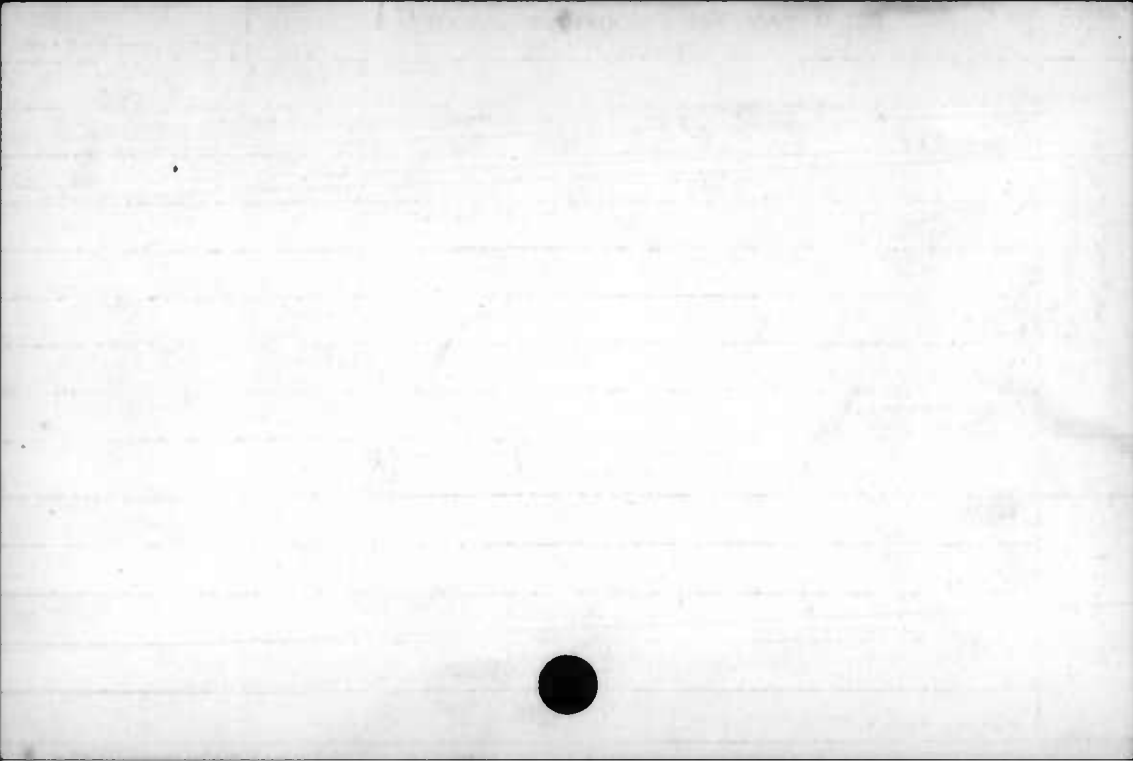
Died at <u>Horton</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>1</u>	Age <u>7</u> Years	Months <u>5</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Richard M. Hammond</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Lellie Eager</u>			Mother's Birthplace <u>N.Y.</u>		
Name of person giving information <u>Richard M. Hammond</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <u>Grippe</u>	How long <u>Four days</u>
Immediate <u>Pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. R. Fisher</u>
	Address <u>Horton Ind</u>
Accident or Suicide? <u>No</u>	





Name  
in  
Full

James Barton Harrington -

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Greenboro

Carver

Date

Month

Day

Years

Months

Days

of death 1908

Feb.

25

Age

—

6

18

Sex

Male

Color or  
Race

White

Birth-  
place

Greenboro Md.

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Frederic Harrington -

Father's  
Birthplace

Del -

Mother's  
Maiden Name

Rene Harrington -

Mother's  
Birthplace

Md.

Name of person giving  
Information

Father

How related  
to deceased

Father -

CAUSES OF DEATH

109

Primary

Indigestion -

How long

2 weeks

Immediate

Impaction (Intestinal)

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. M. Adams

Address

Greenboro -

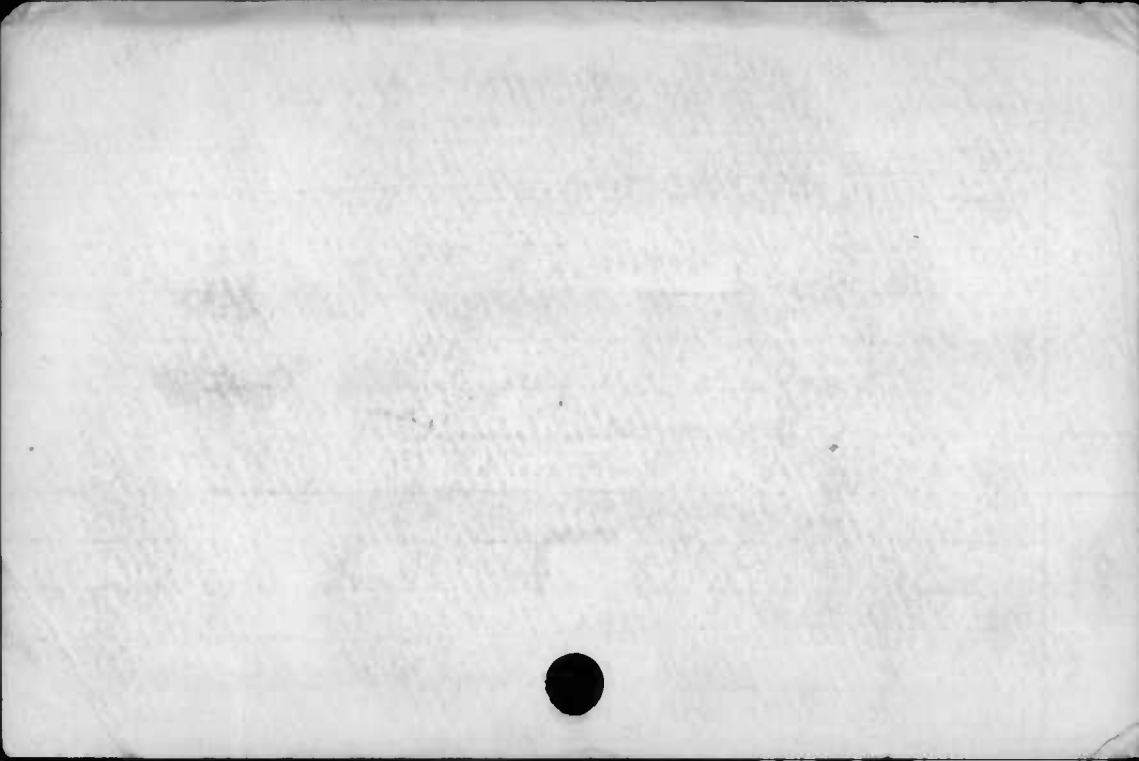
Md.

Accident or Suicide?

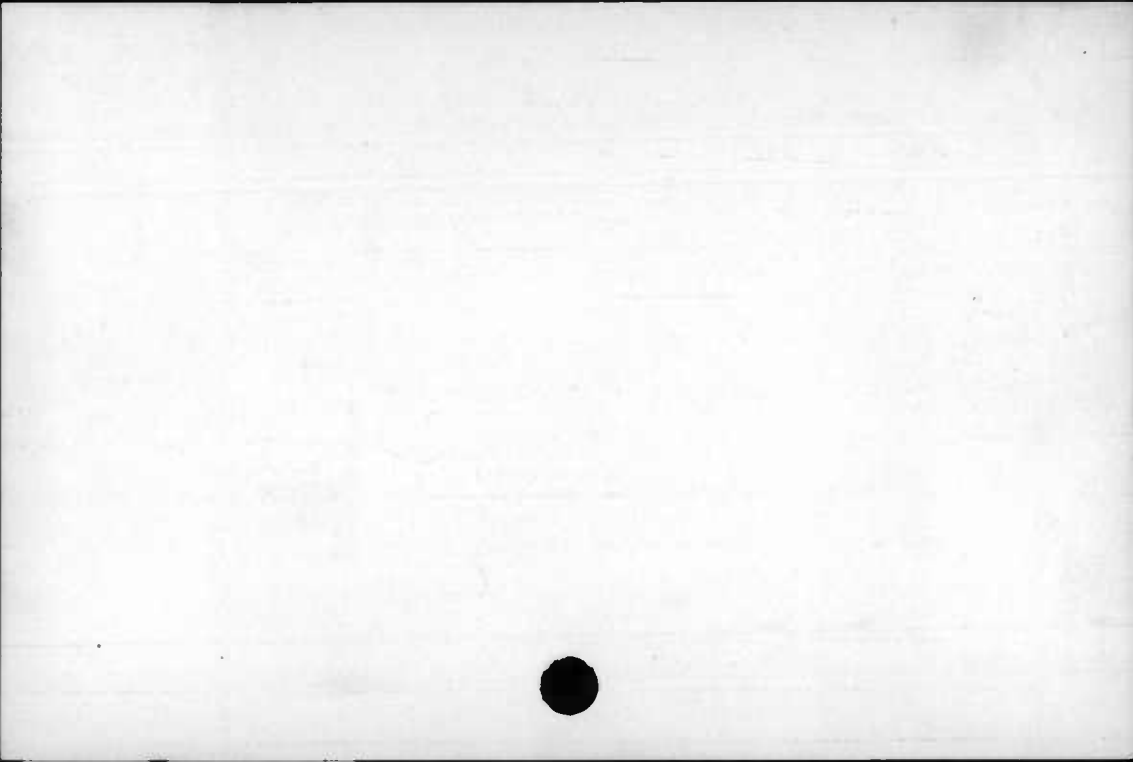
LIBRARY BUREAU A88616


TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

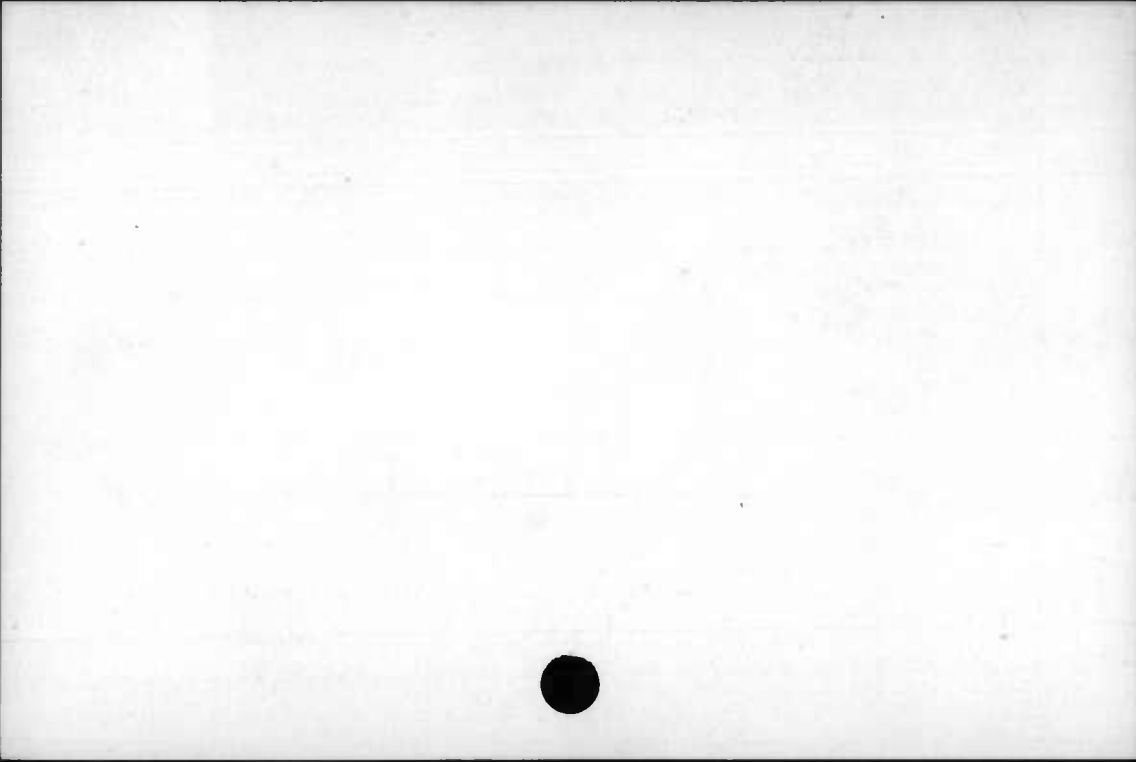
H



Name in Full		Town		County		CERTIFICATE OF DEATH	
		Ridgely		Caroline		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Date of death		Date of death	
		1908		Feb		Thurs	
		Age		Years		Months	
		Sex		Color or Race		Birth-place	
		male				Ridgely	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
		John Johnson		Father			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		How long			
		Premature birth					
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
				Address			
		Accident or Suicide?					



Name in Full		Bertie McVee				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died near	Town Preston		County Caroline		MARYLAND	
	Date of death	1908	Month Feb	Day 10	Age 17	Years	Months —
	Sex	Female		Color or Race	Black		
	Occupation	Domestic Labor			Where Residing if not at place of death	—	
	Married, Single or Widowed	Single		Name of Wife or Husband	—		
	Father's Name	Solomon McVee			Father's Birthplace	Maryland	
	Mother's Maiden Name	Mary Lake			Mother's Birthplace	Maryland	
Name of person giving information	Joseph Hubbard			How related to deceased	None		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>							
PHYSICIAN OR CORONER	Primary	Phthisis Pulmonalis				How long	1 year
	Immediate	Don't know				How long	—
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. L. Tobler	
					Address	Preston Md.	
<div style="text-align: center;">  </div>							
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Accident or Suicide?         </div> <div>           LIBRARY BUREAU 488616         </div> </div>							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

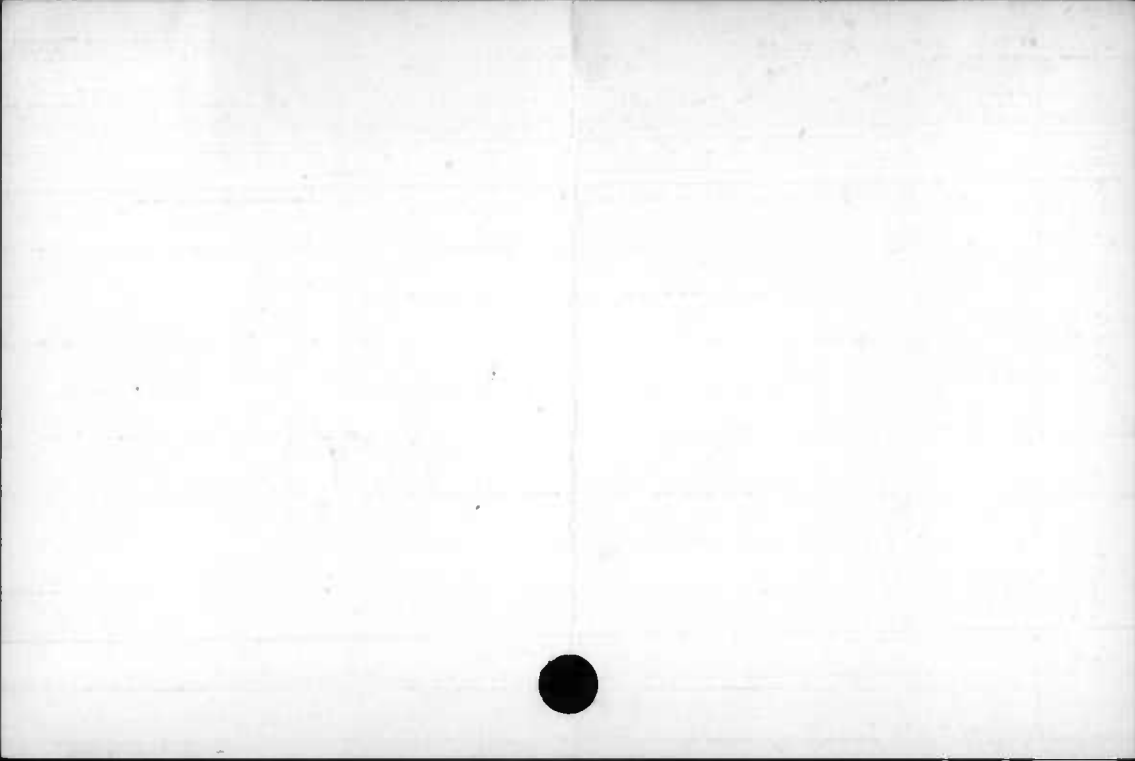
Died at		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death		1908	Month <i>9</i>	Day <i>23</i>	Age <i>53</i>	Years	Months Days
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Matthew Marine</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Homer Marine</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician		<i>R. Kemp Jefferson</i>	
Address		<i>Federalburg md</i>	
Accident or Suicide?			





CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Feb</i>	Day	<i>18</i>
				Years	<i>62</i>
Sex	<i>Female</i>	Color or Race	<i>Negro</i>	Birth place	<i>Cum Cumbe</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Isaac Mason</i>		
Father's Name	<i>Don't know</i>		Father's Birthplace	<i>Don't know</i>	
Mother's Maiden Name			Mother's Birthplace	<i>17 11</i>	
Name of person giving information	<i>John E. Henry</i>		How related to deceased	<i>Friends</i>	

CAUSES OF DEATH

*154*

PHYSICIAN  
OR CORONER

Primary *Old age &*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Henry McKinney Connor*  
*Ridgely, Md.*

Accident or Suicide?



Name  
in  
Full

Mary Thomas Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

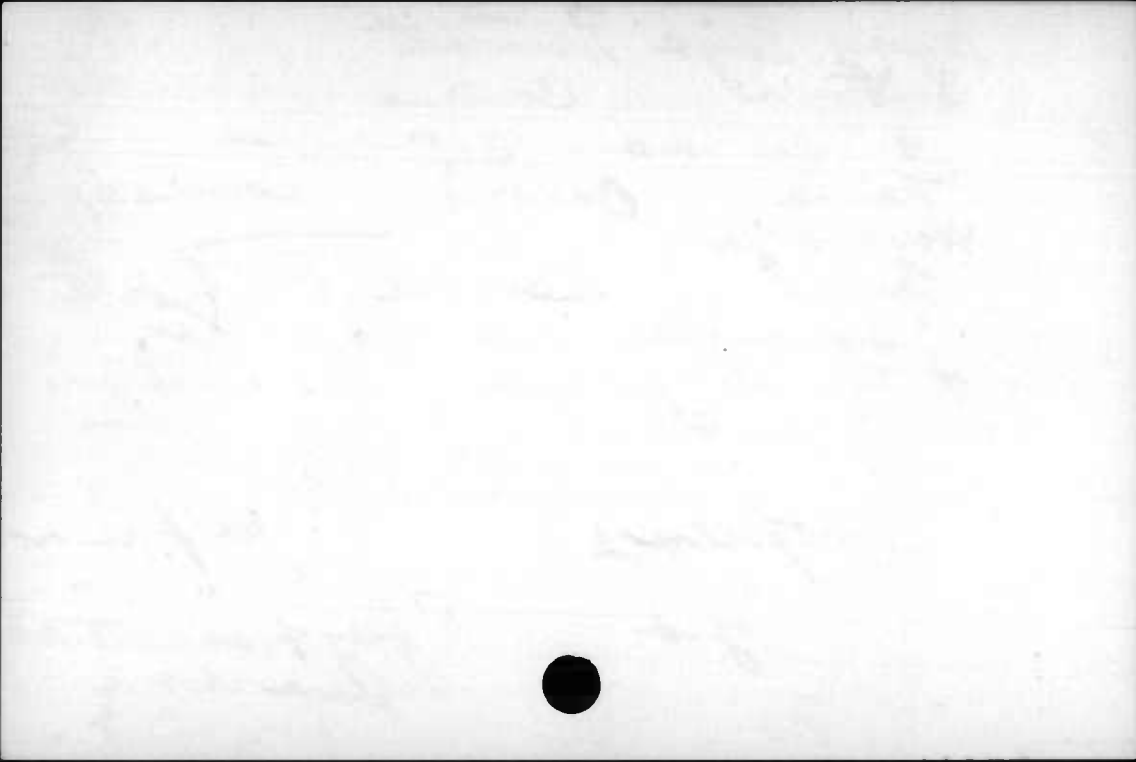
Died <del>at</del> <sup>Town</sup> <i>Preston</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1908	Month	Feb	Day	13
Age	70	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Nichols		Father's Birthplace		
Mother's Maiden Name	I don't know		Mother's Birthplace		
Name of person giving information	Charles Nichols		How related to deceased		
			Nephew		

CAUSES OF DEATH

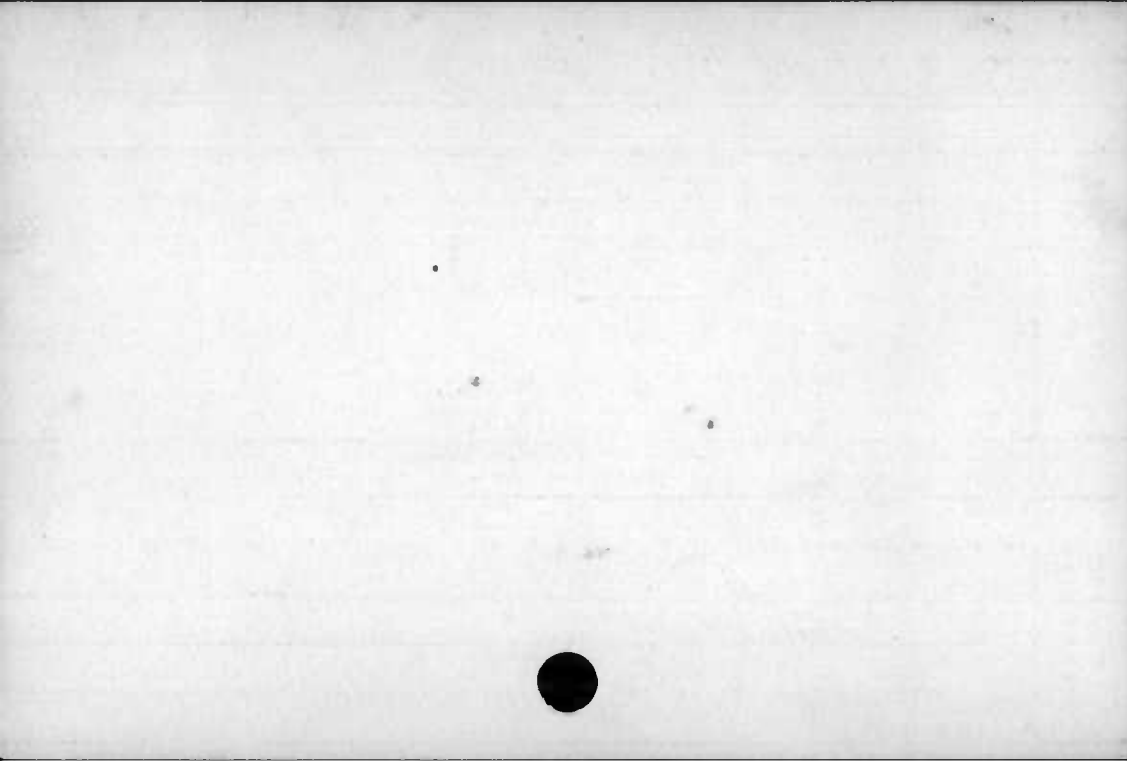
64

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage	How long	3 years
Immediate	Cerebral Hemorrhage	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. L. Noble
		Address	Preston Md.
Accident or Suicide?			



Name In Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Soudtown</u> Town		<u>Comline</u> County		
		Date of death <u>1908</u>		Month <u>2</u>	Day <u>26</u>	Years <u>35</u>
		Sex <u>Female</u>		Color or Race <u>Colored</u>	Months <u>—</u>	Days <u>—</u>
		Occupation <u>Housewife</u>		Birth-place <u>Comline Md.</u>		
		Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Samuel Pritchett</u>				
Father's Name <u>John Collins</u>		Father's Birthplace <u>Va.</u>				
Mother's Name <u>Louise Jarrell</u>		Mother's Birthplace <u>Beth Md.</u>				
Name of person giving information <u>Mother</u>		How related to deceased <u>—</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Apoplexy</u>		How long <u>Half hour</u>		
		Immediate <u>"</u>		How long <u>"</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Rafley Hackitt, Md.</u>		
		Accident or Suicide? <u>No</u>		Address <u>Queen Anne</u> <u>Morphy</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

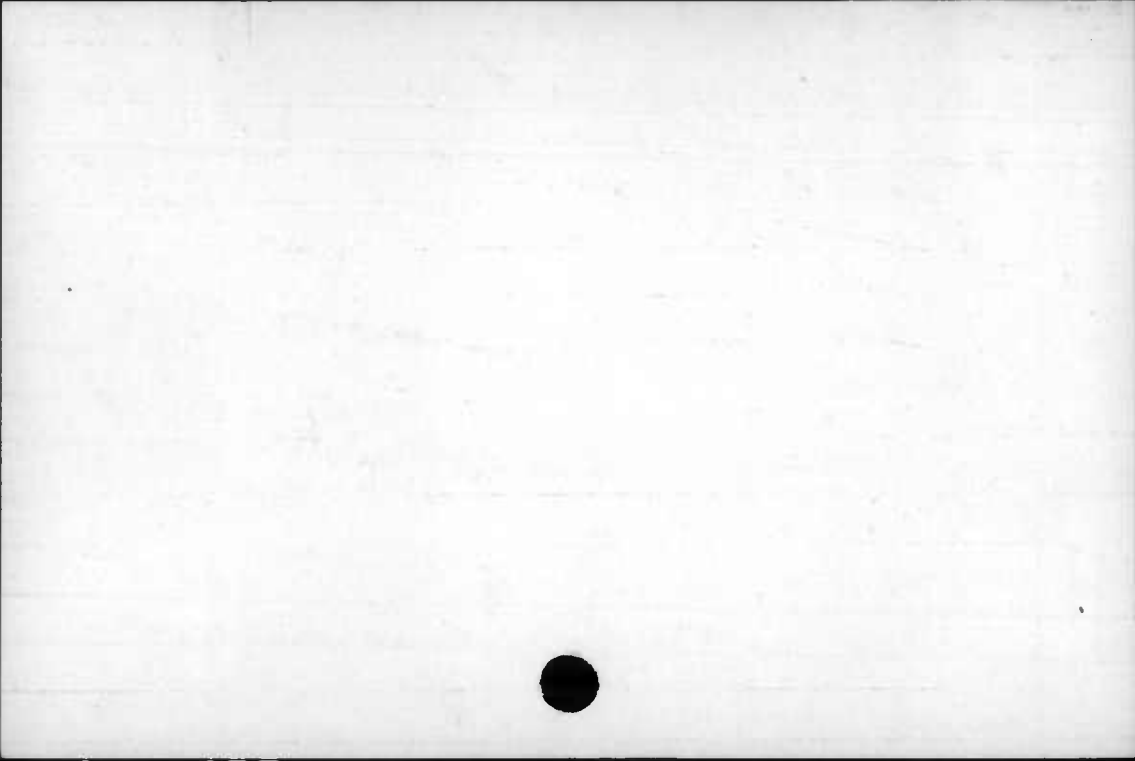
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>12</i>	Age <i>55</i> Years	Months <i>Don't know</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ohio</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo Roberts</i>				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>H M Voorn</i>				How related to deceased <i>Friend</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Paralysis</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. U. Richards</i>
	Address <i>Ridgely, Md.</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

Norman Warren Shields

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

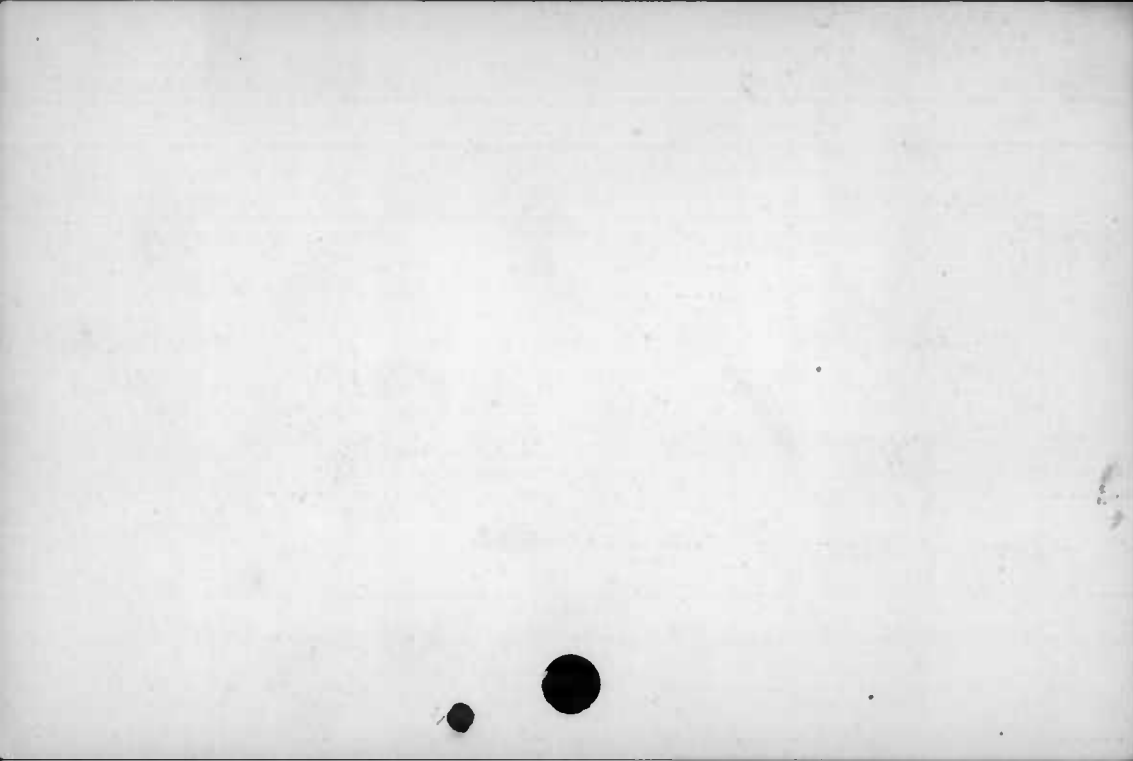
Died at <sup>Town</sup> Greensboro		<sup>County</sup> Caroline Co		MARYLAND	
Date of death	1908	Month	Feb	Day	14
Sex	Female	Age	14	Years	6
Color or Race	white	Months	14	Days	
Birth-place	Near Greensboro	Occupation	Where Residing if not at place of death		
Married, Single or <del>Widowed</del>		Name of Wife or Husband			
Father's Name	Albert E. Shields			Father's Birthplace	Caroline Co
Mother's Maiden Name	Ida Joiner			Mother's Birthplace	Caroline Co
Name of person giving information	A. E. Shields			How related to deceased	Father

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	Nephritis	How long	one month
Immediate	Uremia	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		F. D. Carpenter M.D.	
Address		Greensboro, Md.	
Accident or Suicide?		No	



Name  
in  
Full

Alice A. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

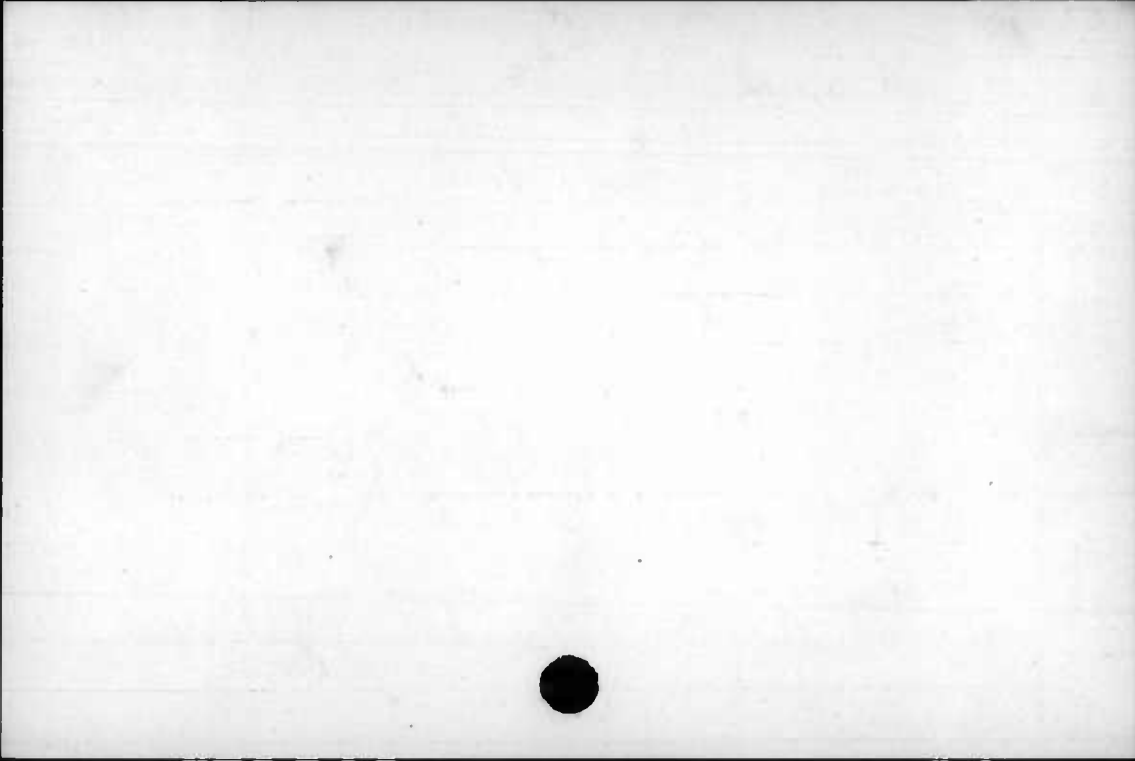
Died at <u>Ridgely</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death	1908	Month	Feb	Day	26
Age	49	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Luzerne Co. Pa.
Occupation	Housewife	Where Residing if not at place of death.		Same	
Married, <del>Single</del> or <del>Widowed</del>	Married	Name of <del>Wife</del> or Husband	Selby Smith.		
Father's Name	Miles Greene	Father's Birthplace	Luzerne Co. Pa.		
Mother's Maiden Name	Susan A. Benzcoater	Mother's Birthplace	Luzerne Co. Pa.		
Name of person giving information	Selby Smith.		How related to deceased	Husband	

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Cancer of Stomach	How long	6 Months
Immediate	Exhaustion	How long	2 Weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. C. Madara	
Address		Ridgely Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *William H. Thomas* Town *Mar Templeville* County *Caroline*  
Died at  
Date of death *1908* Month *2* Day *11* Age *17* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Md.*  
Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Herman Thomas*

Father's Birthplace *Md.*

Mother's Maiden Name *Eliza E. Cairns*

Mother's Birthplace *Md.*

Name of person giving information *Herman Thomas*

How related to deceased *Father*

## CAUSES OF DEATH

92

Primary *Cardiac Pneumonia*

How long

Immediate

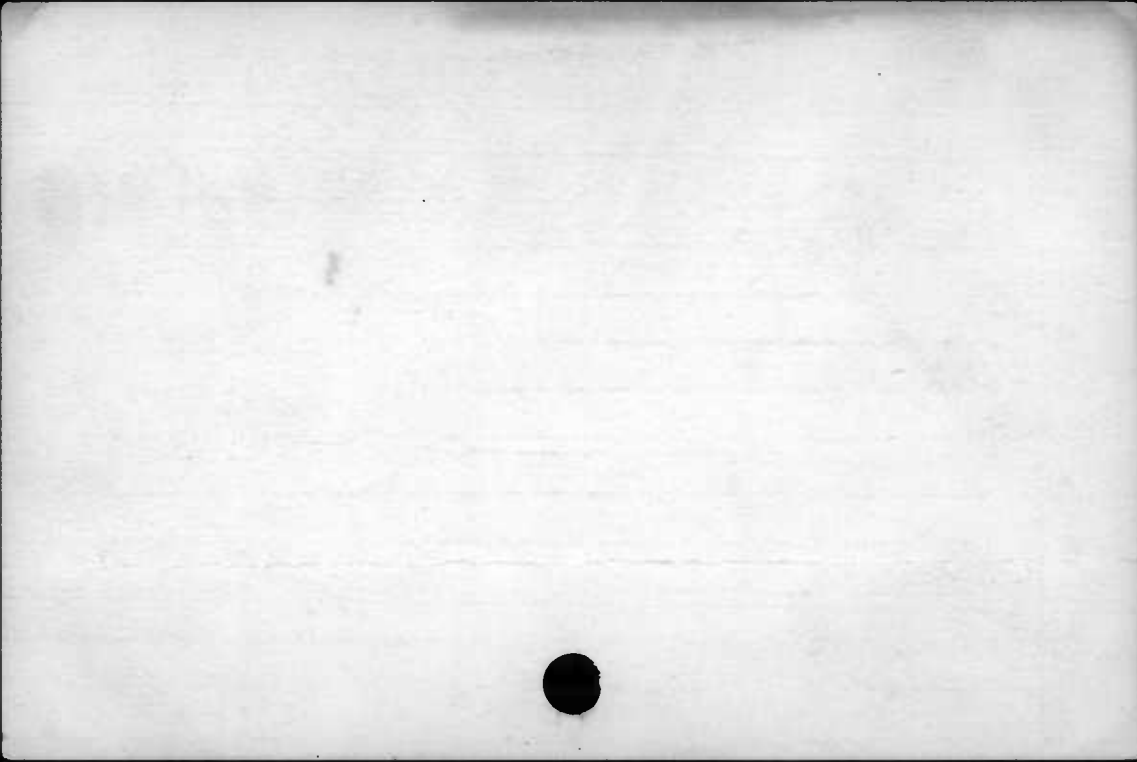
How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. R. Smith, M.D.*

Address *Durphewice, Md.*

Accident or Suicide?



Name  
in  
Full

Augustus Webb

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <sup>Town</sup> <i>Hyndson</i> <sup>County</sup> <i>Caroline</i>		MARYLAND	
Date of death <i>1908</i>	<sup>Month</sup> <i>12</i>	<sup>Day</sup> <i>26</i>	<sup>Age</sup> <i>69</i>
<sup>Sex</sup> <i>male</i>	<sup>Color or Race</sup> <i>Black</i>	<sup>Birthplace</sup> <i>Maryland</i>	<sup>Months</sup> <i>2</i>
<sup>Occupation</sup> <i>Farmer</i>	<sup>Where Residing if not at place of death</sup> <i>—</i>		
<sup>Married, Single or Widowed</sup> <i>Married</i>	<sup>Name of Wife or Husband</sup> <i>Mary A Webb</i>		
<sup>Father's Name</sup> <i>Samuel Webb</i>	<sup>Father's Birthplace</sup> <i>Maryland</i>		
<sup>Mother's Maiden Name</sup> <i>Dora Knorr</i>	<sup>Mother's Birthplace</sup> <i>Maryland</i>		
<sup>Name of person giving information</sup> <i>Augustus Webb</i>	<sup>How related to deceased</sup> <i>Son</i>		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

<sup>Primary</sup> <i>Grippe</i>	<sup>How long</sup> <i>4 days</i>
<sup>Immediate</sup> <i>Congestion of Lungs</i>	<sup>How long</sup> <i>24 hours</i>
<sup>Are the name, age, sex, color, date and place correctly given above?</sup> <i>Yes</i>	<sup>Signature of Physician</sup> <i>J. L. Noble</i>
	<sup>Address</sup> <i>Priston Md.</i>
<sup>Accident or Suicide?</sup> <i>H</i>	

